



JOHN J. BARTHELMES
COMMISSIONER OF SAFETY

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
James H. Hayes Safety Building
33 Hazen Drive, Concord NH 03305
Bureau of Common Carriers
(603) 271-2447

EARL M. SWEENEY
ASSISTANT COMMISSIONER

NEW OPERATIONS

Uniform Application for Certificates and Permits authorizing operations
Between points and places in New Hampshire

This form has been approved by the Department of Safety to apply for the following motor carrier authorities: Property Carrier, Household Goods Carrier, and Passenger Carrier.

Application must be printed legibly with ink or typed. Illegible applications will be returned. Please be complete. Use additional sheets if necessary. The information you provide will be used to evaluate your qualifications for the authority.

NOTE: Any representations made by members of the Bureau of Common Carriers staff should not be construed as granting the authority

Date: _____

(1)

Check **One:** Household Goods
 (RSA 375-A) \$50.00

 Passenger
 (RSA 376) \$50.00

Check **One:** Type of Carrier: _____Common _____Contract

Application of: Name_____

(State whether person, partnership, corporation, etc.)

Street & No._____

City_____ State_____ Zip_____ Phone_____

If a partnership, give name and address of each member: (Use separate sheets if necessary)

Name_____ Address_____

Name_____ Address_____

If a corporation, indicate date and state in which organized: Date_____ State_____

If owned in part or controlled by out-of state interests, provide the addresses and type of business of each co-owner:

(2)

Attach a copy of certificate of registration issued by New Hampshire Secretary of State.

(3)

If you are seeking regular route common carrier authority, describe the commodity (ies) you propose to transport the routes over which you propose to transport and the terminal and intermediate and off route points you propose to serve.

If you are seeking irregular route common or contract carrier authority, describe the commodity (ies) you propose to transport and the areas within which or the points between which you propose to provide the transportation.

(4)

State clearly and concisely why the service covered by this application is or will be required be the present or future public convenience and necessity or is or will be consistent with the public interest, as is applicable.

(5)

List the names and addresses of all motor carriers known to you with whose services the operations described in this application are or will be directly competitive.

(6)

State your experience or that your officers and any other facts relevant to your ability to properly perform the service covered by this application. Include a description of the motor vehicle equipment to be used.

(7)

Attached a copy of your proposed fare or charges and related rules.

(8)

Attached a statement of your assets and liabilities as of the date of this application.
(Not required if you currently hold a certificate or permit.)

(9)

Attach a certificate of insurance.

OATH

(10)

State of_____

County of_____

_____ makes oath and says that he or she is the
(Name of person signing application)

_____ of the _____: that
(Title of person signing application) (Name of applicant)

he is authorized to file with the Bureau of Common Carriers this application and the exhibits attached hereto; and that all of this application and exhibits are true and correct to the best of his knowledge and belief and that the Applicant is familiar with all Rules prescribed by the Bureau of Common Carriers and the States' Motor Carrier Safety rules. The above-prepared exhibits are true and correct to the best of my knowledge and belief. This application is signed under penalty of perjury.

Signed:_____

Subscribed and sworn to before me, a _____ in and for the
State and County above named this _____day of _____, year of _____.

Signed:_____
(Notary Public, Justice of the Peace)